



Medicare Part D

Medicare Prescription Drug Coverage



What happened?

- In 2003, Congress approved a new prescription drug benefit for Medicare, to start in 2006.



Who is eligible?

- Everyone who is eligible for Medicare.
- People who are Medicaid (Working Healthy) and Medicare are dual-eligible and are automatically enrolled for Medicare Prescription Drug Coverage



What are the changes?

- Medicare Part D will take the place of current Medicaid prescription drug coverage for people who have both Medicare and Medicaid.
- If you are eligible for Medicaid only, Medicaid will continue to cover your prescriptions.



When does all this happen?

- October, 2005; Letters sent explaining Prescription Drug Plan assignment.
- November, 2005; all Medicare Beneficiaries can start to choose a plan from 15 companies that offer multiple plans.
- This change will take place on January 1, 2006



Do I need to enroll?

- If you are eligible for Medicare and Medicaid you will be automatically enrolled in Medicare Part D.
- You will be assigned to one of the new Medicare Prescription Drug Plans. However, the plan might not be the best one for you.



What about the costs?

- People who have Medicare and Medicaid will be eligible for “help”. This subsidy will cover the cost of a basic premium. The basic premium cost in Kansas is \$33.44. You will be responsible for any cost over this amount.
- You may have to pay a co-pay for prescriptions (\$1 to \$5)



Common Terms Used By Plans

- Formulary – list of approved drugs
- Prior Authorization-doctor must get approval from the plan before prescribing
- Step Therapy-requiring a person to try one medication before being prescribed another. Usually the PDP will cover less expensive drugs first, and if they fail to provide results, then a more expensive drug is approved.
- Off label use-when a drug is prescribed for a reason other than the FDA approved use.



What is a drug “plan”?

- Kansas has a wide variety of different prescription drug “plans”.
- Each Medicare Prescription Drug Plan has a *Formulary*. You may end up in a Plan that doesn’t cover a drug you take.



What if my plan does not cover all my medications?

- Work with your doctor to appeal to the plan for coverage
- Find a substitute medication
- Change Plans (plans can be changed monthly if you are dual-eligible)



What if I need to appeal?

- Medicare Part D has developed an appeal process that will assure timely determinations for prescription needs.



Medicare.gov

- Prescription Drug Plan Finder Tool- tool containing specific information about Medicare Prescription drug plans.
- Landscape of Local Plans-shows plans that offer drug coverage in a person's area, including basic plan information.
- Formulary Finder-enters drugs used by people with certain conditions to find out which plans have formularies that cover these drugs.
- Medicare and You 2006 handbook-summary of benefits, rights, and protections.

Medicare Drug Plan Finder Tool



- Available on the Medicare Website to provide individualized options.
- www.medicare.gov
- Will be part of future outreach efforts
- Information needed:

Medicare number and dates

Prescriptions and dosage (generic)

Pharmacy name



What to consider when viewing Plans

- Does it cover all the person's medications?
- Does it cover both brand names and generic drugs?
- Are there requirements like prior authorization or "fail first" policies regarding the medications.
- Is the pharmacy a preferred or "in-network" pharmacy?



What to consider when viewing Plans

- Be aware that choosing a higher cost plan will mean that the person is responsible for the difference in cost.



How do I change plans?

- Choose a plan that meets your needs
- Contact the plan directly to enroll
- When you enroll in the new plan you will be dis-enrolled from the old plan
- Coverage begins the following month
- If you are dual-eligible you can change plans every month



Legally Authorized Representative for Enrollment

- CMS is expected to provide further information to help individuals understand who is a legally authorized representative that can enroll a dual eligible person with a cognitive disability in a PDP.
- This will be determined by each state
- Cannot assume a parent or provider is a legally authorized representative
- Check with state Medicaid agencies



What can people do to prepare?

- Get accurate Medicare information. Review the new Medicare and You Handbook, 2006
- Visit a Benefits Specialist or with SCHICK in your community for individual information on the best plan for you.



Important to remember...

- Know the important dates for Medicare Prescription Drug Coverage.
- Know that people need to pick a plan that covers their medications
- Know who to call for help to understand the Medicare Prescription Drug Plan



Contact Information

- Working Healthy Benefits Specialists in regional SRS offices 888-369-4777.
- Senior Health Insurance Counseling for Kansas (SHICK) 800-860-5260
- Kansas Insurance Department 800-432-2484
- Medicare 1-800-MEDICARE



Benefits Specialists

Earl Williams Emporia SRS office (620)342-2505 ext. 233 EXLW@srskansas.org	Steve Curtis Topeka Service Center (785)296-5816 SXXC@srskansas.org
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